

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: OPTIONS (510398)

Address: 2041 WOOD ST, LACROSSE, WI 54601

License Status: REGULAR

Licensed/Certified/Registered 12/01/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096199 **End Date:** 12/05/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Survey ID: 0095215 **End Date:** 06/16/2005 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093441 **End Date:** 09/21/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009710 Served 10/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(5)(b)2	CONTINUAL ACCEESS TO ASSESSMENT & ISP	06/16/2005	Yes
83.20(2)(b)1	INITIATED BY CBRF-30 DAY NOTICE	06/16/2005	Yes
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	06/16/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/16/2005	Yes
83.32(2)(d)	REVIEW OF PROGRESS	06/16/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 01/11/2006	SOD #10009758	Appealed: No
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Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.33(2)(h)1

Date: 10/07/2004	SOD #10009710	Appealed: No
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Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.32(1)(b)
FORFEITURE---83.32(2)(a)

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